

Town of Harpswell & **H2OUTFITTERS** present

Action Due Date: June 29

Distribution Date: March 2



# \*6 Kayaking for Kids\*9\*

Ages 8 - 12

Beginner & Intermediate Groups

July 6 - 10 9 a.m. - 12 p.m. or 1 - 4 p.m. Cost: \$175

Classes held by the Cribstone Bridge on Orrs Island

Late Fee: \$5

## Kids need to bring:

- swimsuit
- shoes that can get wet
- change of clothes
- full water bottle
- a strap (Croakies) for eyeglasses

## Send fee & Registration form to:

Town of Harpswell

Recreation Dept.

P.O. Box 39

Harpswell, ME 04079

Make check payable to: **Town of Harpswell**

▶▶▶ H2Outfitters medical form & waiver need to be signed & submitted also

FMI: Call H2Outfitters – 833-5257 or Gina Perow at 833-5771 or harpswellrec2@suscom-maine.net

✂..... Please detach here.....

## \*6 Kayaking for Kids\*9\* 2009

For office use only:

#R4177

Name\_\_\_\_\_

Age\_\_\_\_\_

Address\_\_\_\_\_

HT\_\_\_\_\_ WT\_\_\_\_\_

\_\_\_\_\_ Zip\_\_\_\_\_

Class: (choose one) \_\_\_\_ 9 a.m. - 12 p.m. \_\_\_\_ 1 - 4 p.m.

Beg.\_\_\_\_ Inter.\_\_\_\_

Phone\_\_\_\_\_

E-mail\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Phone #\_\_\_\_\_

\*\*Photos & videos taken may be used for local publicity\*\*

**Release from Liability** In consideration of the permission granted to my child to participate in "Kayaking for Kids," July 2009, I hereby release and discharge the Town of Harpswell, its agents and officers, from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, and assigns may have against the aforementioned parties, for all personal injuries, known or unknown, which my child has or may incur by participation in the above mentioned or inferred activities. I realize I must provide my own health/accident insurance for injuries that I or my child may sustain while participating in the above mentioned activities. I know that Kayaking is a potentially hazardous activity and that I assume all risks for my child which might result from his/her participation in this activity. I give the supervisor permission (in my absence) to obtain whatever medical treatment may be necessary in the event of injury.

Signature\_\_\_\_\_ (parent or guardian)

**Return Completed Form to the Town Office** There is an after-hour drop box to the right of the glass entrance

Flyer by **DESIGN**